

DH Steering Group: Stakeholder Chairs Meeting
2pm, 19 January 2007 at The King's Fund

MEETING MINUTES

Present:

Mike Pittilo, Steering Group Chair
Mercy Jeyasingham, ASG Chair
Michael McIntyre, EHPA Chair
Mike O'Farrell, CMWG Chair

Frances Dow, Steering Group Lay member
Pamela Jack, ASG
Amrit Ahluwalia, EHPA

1. Last Minutes:

The minutes from the last meeting were approved.

2. Matters Arising

MP reported that the General Chiropractic Council discussed the possibility of sharing regulatory arrangements with acupuncture, herbal medicine and TCM at its last meeting and decided against it.

MP and AA recently met with Madeleine Craggs from the General Osteopathic Council. Madeleine was not in a position to confirm on behalf of the GOsC that it would be willing to be regulated alongside acupuncture, herbal medicine and TCM.

Colleagues from the HPC will be making a presentation at the March Steering Group meeting.

MP together with Bill Scott, the Chief Pharmaceutical Officer for Scotland, are intending to meet with RPSGB representatives. A date has not yet been confirmed.

The NMC response to MP's letter had been non-committal and didn't answer the question of title for nurses who practise acupuncture. A representative from the NMC attended the recent ASG meeting and proved very helpful in explaining the NMC's approach to nurses who practise CAM modalities.

3. Actions from Steering Group meeting on 28 November and discussion:

- a. The draft outline of the Report from the Group was discussed at the last Steering Group meeting and requires restructuring. There was some discussion about the Group publishing an interim report but it was felt that a progress report might be preferable as there were still too many unknowns, including specific guidance on the regulatory home for these professions and ongoing concerns about being regulated by the HPC.

Action: MP to restructure report outline
Action: MP to draft progress report

- b. The HPC Standards of Conduct, Performance & Ethics is a generic document that all professions regulated by the HPC work to. Each sector of AHMTCM needs to sign up to the standards. Any CAM specific issues should be included in this standard. The matter of the difference of approach between traditional medicine/herbal/ acupuncture and orthodox medical practice was raised in addition to the need to justify traditional medical

paradigms/strategies as opposed to strictly evidence- based medicine. Practitioners should be able to justify what they do on the basis of evidence of years of safe traditional practice, even if there isn't yet an evidence-base to fully support these methods. CAM practitioners do support ongoing research into what they do but such research should be designed to measure all outcomes from CAM intervention. It was agreed that a paper on this should be written.

Action: Stakeholder Groups, incl others, eg Andrew Flower, Nicky Robinson

- c. The HPC Standards of Proficiency are partly generic across all HPC professions and partly profession specific. Profession specific parts are included in the standard in blue italics. Each profession will need to write the profession specific parts of this standard. Again, note any CAM specific issues that should be included here.

Action: Stakeholder Groups

- d. The HPC Standards of Education and Training are generic. In section 1.1, the minimum threshold entry routes need to be specified for each profession. The minimum level will likely be honours degree in addition to any admissions requirements. Curriculum standards as well as the clinical element should be included and it might be useful to include providers in any discussions around this standard. This standard will be used by the regulator for quality assurance of institutions.

Action: Stakeholder Groups

- e. Scope of Practice Statements should explain to a lay person what a professional does within practice. MJ pointed out that there are differences within the groups about defining scope, for example in acupuncture, there is a question about whether acupuncture should be defined via the use of needles. It is necessary to define scope for general understanding, but also for competency as it relates to public safety. It is important that, while it may not be possible to define everything, boundaries can be put around what a practitioner does, as a scope of practice statement can be used in a court of law if a practitioner is accused of stepping beyond his/her scope of practice. The regulator will also want this information.

Action: Stakeholder Groups

- f. List of registers that would transfer directly across to the HPC needs to be provided.

Action: Stakeholder Groups

- g. A decision needs to be made about how to take dual registration issues forward, eg meet with GMC etc

Action: MJ/MP

Note: It was agreed that all of the above work would be completed no later than **31 March** with a progress report from each Chair at the 9 March Steering Group meeting.

4. DH White Paper on Regulation

The DH White Paper on Regulation is expected to be published by the end of February.

5. Timetable

The Chairs agreed that the Group would publish its report by November 2007. It is important that Group members are consulting with the groups they represent on an ongoing basis.

6. Protected Titles

Guidance from the HPC is that there should be as few titles as possible, though it may be possible to use sub titles.

7. Regulation Update & Preferences

There has been some resistance from HPC regulated professions on CAM professions being regulated there though there was, however, a view from some that the HPC would benefit from these professions joining. Concern was raised that the HPC did not really understand the complexities of these professions and what it was taking on. Any issues can be raised directly with the HPC at the next Steering Group meeting where HPC representatives will be making a presentation and taking questions.

8. Next Steering Group Agenda

Agenda items to include progress to date as well as a presentation from the HPC. It was hoped the DH would have someone attend and that the next meeting would be in London.

Action: MP to speak to DH about changing venue to London

9. Feedback from Frances Dow, Lay Member

FD reinforced the need for the Chairs to maintain their focus on regulation and its purpose. It can be more straightforward than one anticipates. It is essential that the Chairs are proactive in shaping and driving the agenda so these professions get what they want.

10. AOB

English language: For the Chinese Medicine Stakeholder Group, English language standards remain a difficult issue. Currently, the level of IELTS 5/6 is being considered, which should be included as part of the Standards of Training & Education. This is an ongoing debate within the Group that is always very sensitive. MP pointed out that while Chinese language will be helpful for some patients, a minimum level of English proficiency is essential to meet public safety requirements.

Devolved administrations: MP and AA to visit colleagues within the devolved administrations in order to ensure the Group's recommendations are endorsed. FD felt this was essential, especially for Scotland.

Action: AA to organise visits

MHRA Discussion Papers: MM reported that the MHRA has published on its website a range of discussion papers around S12.1 reform. These are out for consultation with a closing date of 30 March.

Action: AA to circulate MHRA discussion papers

11. Next Meeting

Next meeting will be at 2pm on 27 April 2007.